

State Issue Signatures

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	357	3-28-94
TYPIST	42	4-16-94
VERIFIER	5714	5-5-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

SYMBOLS
 ✓ Rejected
 - Allowed
 (Through numbers) Cancelled
 R Restricted
 N Non-elected
 A Interference
 O Appeal
 O Objection

Claim	Date
Final Original	
51	
52	
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(LEFT INSIDE)